

United States

## **Environmental Protection Agency**

Washington, DC 20460

## Formulator's Exemption Statement

	(40 CFR 152.85)	
Applicant's Name and Address		mbol/Registration Number
Univar USA, Inc. 11149 Research Blvd., Suite 260	73748-XXX	
Austin, TX 78759	Product Nar	ne
•	I MaxxPro	
	Additional Philosophysical	fidential Statement of Formula (EPA Form 8570-4,
	September	14, 2007
As an authorized representative of the a	pplicant for registration of the product	identified above, I certify that:
(1) This product contains the following	g active ingredient(s):	
Imidacloprid		
ingredient in the manufacturing, for	ection 3, is purchased by us from anot	s the result of the use of that active uct which contains that active ingredient her producer, and is labeled for at least
cook cooks when my product to	proposed to be labeled.	
(3) Indicate by checking (A) or (B) be	ow which paragraph applies:	
attached to this statement. That f name, the source of the active inc	redient(s) listed in paragraph (1).  OR	y name, registration number, and produc
Name and the second sec	nd contains the information required on	renced above and on file with the EPA is the current CSF.
(4) The following active ingredients in this product qualify for the formulator's exemption.		
Source		
Active Ingredient	Product Name	Registration Number
Imidacloprid Technical Imidacloprid Technical Imidacloprid Technical		
Imidacloprid Technical		<b>■</b>
Signature	Name and Title	Date
Signature	Name and Title Jane M. Miller. Agent	Date 9 24 280

EPA Form 8570-27 (Rev. 8-95)

White - EPA copy Yellow - Applicant copy